

**DEPARTMENT
POLICY****MA Only**

This is an SSI-related Group 2 MA category.

Consider eligibility under this category only when eligibility does **not** exist under BEM 155 through 164, 170 or 171.

Consider Medicare Savings Program eligibility (BEM 165) in addition to Group 2 MA.

MA is available to a person who is aged (65 or older), blind or disabled. All eligibility factors must be met in the calendar month being tested. If the month being tested is an L/H month and eligibility exists, go to BEM 546 to determine the post-eligibility patient-pay amount.

**NONFINANCIAL
ELIGIBILITY
FACTORS**

1. The person must not be eligible for MA under BEM 155 through 164, 170 or 171, but may be eligible for a Medicare Savings Program under BEM 165.
2. The person must be aged, blind or disabled (BEM 240, Age, or BEM 260, MA Disability/Blindness). The MA eligibility factors in the following items must be met.
 - BEM 220, Residence.
 - BEM 221, Identity.
 - BEM 223, Social Security Numbers.
 - BEM 225, Citizenship/Alien Status.
 - BEM 255, Child Support.
 - BEM 256, Spousal/Parental Support.
 - BEM 257, Third Party Resource Liability.
 - BEM 265, Institutional Status.
 - BEM 270, Pursuit of Benefits.

**FINANCIAL
ELIGIBILITY
FACTORS****Groups**

Use fiscal and asset group policies for SSI-related groups in BEM 211.

Assets

Countable assets **cannot** exceed the asset limit in BEM 400. Countable assets are determined based on MA policies in BEM 400, 401 and 402.

Divestment

Policy in BEM 405 applies.

Income Eligibility

Income eligibility exists when net income does **not** exceed the Group 2 needs in BEM 544. Apply the MA policies in BEM 500, 530, 540 (for children) or 541 (for adults), and 544 to determine net income.

If the net income exceeds Group 2 needs, MA eligibility is still possible per BEM 545.

Note: An ex parte review (see glossary) is required before Medicaid closures when there is an actual or anticipated change, unless the change would result in closure due to ineligibility for all Medicaid. When possible, an ex parte review should begin at least 90 days before the anticipated change is expected to result in case closure. The review includes consideration of all MA categories. See BAM 115 and 220.

**VERIFICATION
REQUIREMENTS**

Verification requirements for all eligibility factors are in the appropriate manual items.

INSTRUCTIONS

Refer to 'How Do I' for CIMS coding instructions.

LEGAL BASE**MA**

42 CFR 435.320, .322 and .324
MCL 400.106

Deficit Reduction Act 2005, Social Security Act 1903(x), PL 109-171

**JOINT POLICY
DEVELOPMENT**

Medicaid, Adult Medical Program (AMP) also known as Adult Benefit Waiver (ABW), Transitional Medical Assistance (TMA/TMA-Plus), and Maternity Outpatient Medical Services (MOMS) policy has been developed jointly by the Department of Community Health (DCH) and the Department of Human Services (DHS).